

10/547669

JC05 Rec'd PCT/PTO 02 SEP 2005

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: Paper
Computer Readable Form (CRF):: Yes
Number of copies of CRF:: 1
Title:: METHOD FOR THE IDENTIFICATION
OF COLORECTAL TUMORS
Attorney Docket Number:: 2503-1170
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: DANIELE
Middle Name::
Family Name:: CALISTRI
Name Suffix::
City of Residence:: FORLI
State or Province of Residence::
Country of Residence:: ITALY
Street of Mailing Address:: ISTITUTO ONCOLOGICO ROMAGNOLO
Address:: COOPERATIVA
SOCIALE A.R.L., CORSO MAZZINI 65
City of Mailing Address:: FORLI
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: CLAUDIA
Middle Name::
Family Name:: RENGUCCI
Name Suffix::
City of Residence:: FORLI
State or Province of Residence::
Country of Residence:: ITALY
Street of Mailing Address:: ISTITUTO ONCOLOGICO ROMAGNOLO
Address:: COOPERATIVA

SOCIALE A R.L., CORSO MAZZINI 65

City of Mailing Address:: FORLI

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP04/01997	2/27/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2003A000434	3/7/03	Yes

Assignment Information

Assignee Name:: ISTITUTO ONCOLOGICO ROMAGNOLO
COOPERATIVA SOCIALE A R.L.

Street of Mailing CORSO MAZZINI 65

Address::

City of Mailing Address:: FORLI

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address::